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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/06/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1-2 day inpatient stay; Left Patellofemoral Re-alignment with Cultures

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgeon (Joint)

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
Medical records M.D. 08/05/11-06/29/12
Operative report dated 09/06/11
Operative report dated 11/02/11
Discharge summary 11/07/11
Operative report dated 11/30/11
Discharge summary 12/05/11
Operative report 01/04/12
Infectious disease consultation dated 01/06/12
Utilization review determination dated 03/12/12
Utilization review determination dated 07/16/12
Reconsideration / appeal of adverse determination dated 07/24/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. Records indicate he sustained multiple injuries when he fell down flight of stairs. The patient is status post left total knee arthroplasty with multiple revisions due to infection and / or allergic reactions. Records indicate the claimant has had 23 different surgeries the last being on 01/04/12 when patellar realignment was performed. Records indicate after realignment in January the claimant had a fall and since that time had a lot of weakness. It is felt due to the fall, the claimant's patella is not central anymore and moved over a little lateral. He cannot extend it.

A request for 1-2 inpatient stay for left patellofemoral realignment with cultures was non-certified per utilization review on 07/16/12 noting the claimant is status post reconstructive surgery following knee arthroplasty in 2008 with revision procedures in 2009/2010, removal of hardware with revision arthroplasty 11/30/11, open reduction internal fixation of dislocated patella with medial reefing. The reviewer noted it was uncertain whether CT scan had been performed to assess femoral component rotation to see if this is appropriate. Concern was that this is a mal-rotated distal femoral prosthesis resulting in malalignment and is unclear what benefit realignment surgery would have in this case. It was noted this was unique circumstance and peer-to-peer may be of benefit as proposed to as just review of medical records.

A reconsideration / appeal request for 1-2 day inpatient stay, left patellofemoral realignment with cultures was non-certified per utilization review dated 07/24/12. The reviewer noted that it was reported the claimant has undergone 23 different surgeries the last being on 01/04/12 for patella realignment. Clinic note dated 06/29/12 reported the claimant was doing therapy but continued to have episodes where it feels like there is pain in leg and feeling of instability. It was hoped physical therapy and rehab would make him stronger and decrease some of depression the claimant is feeling. The reviewer noted no additional medical records were provided for review subsequent to previous non-certification. It was noted guidelines indicate objective clinical findings including lateral tracking of patella, recurrent fusion or patella apprehension, increased Q-angle greater than 15 degrees, plus abnormal patellar tilt on x-ray or computed tomography must be documented. There was no documentation of imaging noting abnormal patellar tilt on x-rays or computed tomography submitted for review. Physical examination findings documenting lateral tracking patella, there is documentation of effusion and swelling. There were no findings of patellar apprehension, synovitis with or without crepitus, or increased Q-angle greater than 15 degrees, and there is no indication the claimant was undergoing any type of conservative treatment at this time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The proposed left patellofemoral realignment with cultures and 1-2 day inpatient stay is not supported as medically necessary based on clinical data provided. The claimant is status post left total knee arthroplasty with multiple revisions. Records indicate the most recent surgical procedure was on 01/04/12 with patellar realignment. There is indication that the claimant sustained fall after realignment surgery after January. There are no current diagnostic / imaging studies submitted for review. It does not appear the claimant is participating in any current conservative treatment including physical therapy. There is no evidence of appropriate findings on clinical examination that would support the proposed surgical procedure. The claimant has already undergone 23 surgeries. It is questionable that another surgery would result in any significant benefit.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES